

DTIC FILE COPY

②

20030128184

AD-A188 658

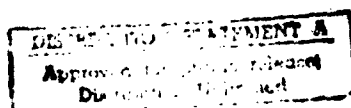
IMPROVING THE ARMY'S  
FIELD MEDICAL TREATMENT CAPABILITY

VOLUME I  
Report AR602R1

April 1987

Will H. Horn  
Douglas W. Brown  
Albert J. Colaianni  
George L. Slyman  
Kenneth W. Lindstrom

DTIC  
ELECTE  
DEC 17 1987  
S E D



Prepared pursuant to Department of Defense Contract MDA903-85-C-0139. The views expressed here are those of the Logistics Management Institute at the time of issue but not necessarily those of the Department of Defense. Permission to quote or reproduce any part must—except for Government purposes—be obtained from the Logistics Management Institute.

LOGISTICS MANAGEMENT INSTITUTE  
6400 Goldsboro Road  
Bethesda, MD 20817-5886

87 12 10 021



## **Summary**

### **IMPROVING THE ARMY'S FIELD MEDICAL TREATMENT CAPABILITY**

DoD's Deployable Medical Systems (DEPMEDS) project is designed to improve the capabilities of the Military Services for treating troops in field hospitals.

The DEPMEDS hospitals are to be modular and to include standardized medical materiel sets, as well as standardized support equipment, both medical and nonmedical. In the Army, hospitals that are fielded early will be outfitted with both DEPMEDS items and substitutes; the substitutes are to be replaced as more DEPMEDS items become available.

To plan and manage the Army's part of the effort, the Secretary of the Army has appointed a Project Manager (PM). In support of the Army's DEPMEDS PM, we assessed the status of the Army project and identified critical issues such as the availability of support equipment and documenting interim substitute items, that affect the task of fielding the first DEPMEDS-equipped unit. None of the issues prevent meeting the planned date for fielding the first hospitals. We also developed an automated project control support system to help the PM manage the effort and drew up a Materiel Transfer Plan to guide redistribution of displaced equipment.

When the first units have been equipped with DEPMEDS hospitals, the Project Manager should concentrate on:

- Controlling the replacement of substitute items fielded with the early hospitals.
- Integrating the experience from fielding the first hospitals into plans for fielding subsequent hospitals.
- Raising all field hospitals—both those first-outfitted and those equipped later—to authorized levels of DEPMEDS medical materiel and equipment.

- **Controlling changes to the components of the standardized medical materiel sets and quantities of equipment that make up field hospital units to stabilize readiness evaluation standards.**

**Those actions, coupled with the automated system for project control, will help the Project Manager deal with critical issues affecting the fielding of DEPMEDS hospitals and will promote long-term efforts to enhance the Army's capabilities for medical treatment in the field.**

## CONTENTS

	<u>Page</u>
Summary . . . . .	iii
Chapter 1. Introduction . . . . .	1- 1
The Army Deployable Medical Systems (DEPMEDS) Project . . .	1- 1
Report Organization . . . . .	1- 2
Chapter 2. Project Status . . . . .	2- 1
Update of Major Findings in Initial Assessment. . . . .	2- 1
Integrated Logistics Support (ILS) Elements . . . . .	2- 3
Project Control . . . . .	2-10
Chapter 3. Management of Displaced Equipment . . . . .	3- 1
The Requirement for Displaced Equipment. . . . .	3- 1
The Materiel Transfer Plan (MTP). . . . .	3- 2
Chapter 4. Post-First Unit Equipped Management . . . . .	4- 1
Retrofit Requirements . . . . .	4- 1
Other Transitional Requirements . . . . .	4- 3
Life-Cycle Requirements . . . . .	4- 5
Appendix A. Reporting Procedure . . . . .	A-1-A- 2
Appendix B. Materiel Transfer Plan . . . . .	B-1-B-22
Appendix C. Glossary of Acronyms and Abbreviations . . . . .	C-1-C- 3

Accession For	
NTIS GRA&I	<input checked="" type="checkbox"/>
DTIC TAB	<input type="checkbox"/>
Unannounced	<input type="checkbox"/>
Justification	
By _____	
Distribution/	
Availability Codes	
Dist	Avail and/or Special
A-1	

## **CHAPTER 1**

### **INTRODUCTION**

#### **THE ARMY DEPLOYABLE MEDICAL SYSTEMS (DEPMEDS) PROJECT**

The Deployable Medical Systems (DEPMEDS) project is a major Department of Defense initiative to increase the capabilities of the Military Services to provide treatment centers for patient care in the combat and communications zones of a theater of operations during a national emergency. The DEPMEDS – medical materiel sets, and medical and nonmedical support equipment standardized across the Services – support fixed and relocatable health care facilities. In peacetime, an Army DEPMEDS-equipped hospital, i.e., the unit set, is:

- Issued to the unit for use in training and operations
- Placed in long term storage (usually in an overseas location) as a prepositioned unit set
- Held as mobilization stocks in an overseas or stateside location, and in a partially assembled or individual line-item configuration.

The Army DEPMEDS project was initiated in 1984, and the Operational and Organizational plan was approved in mid 1985. Current force planning requires the development of seven types<sup>1</sup> of Army DEPMEDS-equipped hospitals, and the procurement of 156 unit sets. The fielding of the first hospital is scheduled for the third quarter of FY87.

---

<sup>1</sup>Seven hospital types are programmed to be DEPMEDS-equipped: the Mobile Army Surgical Hospital (MASH), the Combat Support Hospital (CSH), the Evacuation Hospital (EVAC), the General Hospital (GEN), the Field Hospital, the 300-Bed Station Hospital (STA(300)), and the 500-Bed Station Hospital (STA(500)).

As requested by The Surgeon General, Headquarters, Department of the Army, we have:

- Assessed the status of the major DEPMEDS-related actions required to field the DEPMEDS-equipped hospitals on schedule and identified the issues and problems that need to be resolved before the first hospital is fielded or that will affect the fielding of subsequent hospitals.
- Developed a DEPMEDS project control plan in the form of a management information system consisting of a computer-based Issues Management File (IMF) and a Schedule Management File (SMF), and recommended a procedure for obtaining the information needed to update those files.
- Developed the Materiel Transfer Plans (MTPs) and supporting Materiel Transfer Agreements (MTAs) for the redistribution of equipment displaced from units by the fielding of DEPMEDS.

#### **REPORT ORGANIZATION**

Our report is organized into two volumes. Volume I contains specific chapters that:

- Provide an updated status of the major findings in our initial assessment and an analysis of several key factors affecting project control (Chapter 2)
- Describe the responsibilities and procedures for managing equipment displaced by the fielding of DEPMEDS (Chapter 3)
- Present the actions the Project Manager (PM) should institute for long term management of the project (Chapter 4).

Volume II contains the three working notes completed earlier and provided to the PM:

- The initial assessment of the DEPMEDS project (Part I, Volume II)
- The organization, content, and operations of the IMF (Part II, Volume II)
- The purpose, structure, and management of the SMF (Part III, Volume II).

## **CHAPTER 2**

### **PROJECT STATUS**

In this chapter, we present an updated status of the major findings reported in our initial assessment of the DEPMEDS project, and an update by Integrated Logistics Support (ILS) element based on information in the PM's files as of 15 April 1987. We conclude the chapter with an analysis of several key actions affecting project control.

#### **UPDATE OF MAJOR FINDINGS IN INITIAL ASSESSMENT**

##### **Material Fielding Plan**

The first DEPMEDS-equipped hospital is scheduled to be fielded in the third quarter FY87 (1 April - 30 June 1987). Our initial assessment found that schedule to be unrealistic if the Army-prescribed 780-day materiel fielding process was followed. The lead Materiel Developer (the U.S. Army Medical Materiel Agency [USAMMA]) has awarded a contract for the development of a Materiel Fielding Plan (MFP) for each type of hospital fielded.<sup>1</sup> By tailoring the MFPs to the specific type hospital and Gaining Command, concurrently staffing the New Materiel Introductory Briefing and the Materiel Transfer Plan (MTP), and establishing minimum time frames for Command reviews, the MFP for fielding a DEPMEDS hospital to the first unit equipped (FUE) was completed in March 1987. Although this is less than the target 120 days pre-FUE lead time, sufficient time should be available for fielding on schedule unless a delay occurs in completing a scheduled milestone that follows completion of the MFP.

##### **Medical Equipment Procurement**

The procurement and delivery of major medical equipment is an essential requirement for meeting the scheduled fielding date. At the time of our initial assessment, only 3 of 30 contracts for major medical items had been awarded. Although additional contracts have been awarded since that assessment, 19 of the

---

<sup>1</sup>Ibid., page i-1.

required items are still projected as shortages for the initial fielding. A review group comprised of clinical and project management officials identified 10 of the items as noncritical for FUE. Of the remaining nine items, USAMMA proposed interim substitutes for five and those substitutes were accepted by the PM. The other four items are under intensive management by the PM and USAMMA to either find acceptable substitutes, or field the unit without the items and accept a lower readiness capability level. Because some of the items are Equipment Readiness Code (ERC) A2, shortages will cause the first unit and any subsequent identically equipped units to be fielded at a lower readiness capability level, but not below the Army's current readiness capability goal.

#### **Equipment Installation and Packing Instructions**

The DLA needs precise instructions to install medical equipment in the DEPMEDS rigid wall expandable shelters, and pack the medical materiel sets into the shelters and other shipping boxes.

USAMMA provided the necessary instructions to DLA for the Defense Depot Ogden, Utah (DDOU) to use for installing utilities service lines and medical equipment in the DEPMEDS shelters.

The Defense Medical Standardization Board (DMSB) determined that DEPMEDS sets need to be packed in one of three modes:

- **Turnkey Pack** (all items included; ready to use): Usually issued to units with short deployment and operational readiness time frames.
- **Maintenance Pack** (special categories of supplies excluded from pack; items need preparation before use): For issue or storage to support units with deployment notification lead time sufficiently long to permit receipt and packing of excluded supplies prior to deployment.
- **Long Term Storage Pack** (selected items packed in protective barrier and environmental control outer packaging; other items not provided or commingled with operating stocks): Used for sets or equipment items stored for contingency or special-project unit missions.

---

<sup>2</sup>The ERC designates an item's importance to the unit's mission and is listed by item in the unit's table of organization and equipment. ERC-A designates an item that directly provides the means to generate the unit's stated capabilities. ERC-A equipment is reportable under the unit status reporting system given in Army Regulation (AR) 220-1.



The DMSB sent these definitions and the packing requirements to the Services for review and comment in November to meet a December 1986 target date for DLA. A final decision on the packing instructions remains to be made.

In addition to the packing instructions, DLA needs a clear criterion for closing an assembled medical materiel set in preparation for shipment. Although the goal is to pack 100 percent of the required materiel, projected materiel availability for the first unit scheduled to be DEPMEDS-equipped is less than 100 percent. Also, because of planned changes to the components list, some of the sets fielded in the early part of the project schedule will have items that are deleted from the components list as well as shortages of newly added items. The basic criterion for closing a set is the availability of 100% of the critical (ERC-A) items and 90 percent of all other items. However, USAMMA will provide DLA with instructions for closing sets on a case-by-case basis after considering:

- The minimum acceptable percent of fill negotiated with the Gaining Command in the Materiel Fielding Agreement
- The essentiality of the missing components to the function the medical materiel set is designed to support
- The required delivery date of the set and the essentiality of the set to the mission of the unit being fielded.

#### **Project Manager Charter and Organization**

The Army Surgeon General recognized the need for an official project management organization and forwarded the proposed charter to the Secretary of the Army. The DEPMEDS Project Manager Charter was approved on 24 September 1986.

#### **INTEGRATED LOGISTICS SUPPORT (ILS) ELEMENTS**

In our initial assessment, we looked at 15 ILS elements that are critical to the successful fielding of any new system and identified issues related to the elements that required resolution for fielding DEPMEDS. Most of the issues were used as the initial entries in the computer-based IMF that the PM uses for visibility and status of the actions that are potential barriers to fielding DEPMEDS on schedule. The following is an update to the ILS elements based on the status recorded in the PM's files as of 15 April 1987.

## **Maintenance**

No maintenance issues remain open. Taskings for maintenance-related issues were previously given to each responsible support agency to manage. None is identified as being unresolved by the FUE date.

## **Support and Test Equipment**

### ***Support Equipment***

The contract for TEMPER<sup>3</sup> tents will not provide enough tentage to equip DEPMEDS hospitals scheduled to be fielded through the third quarter of FY88. Both medium and large conventional canvas tents will be used to fill unit requirements until deliveries from new contracts begin.

Tobyhanna Army Depot will fabricate the power distribution panels until deliveries from contracts begin.

The 120,000-Btu heater is available in limited quantities to meet the FUE date. The U.S. Army Troop Support Command (TROSCOM) will procure five heaters to support fielding the AHS's training hospital and for training the first two units. Another 205 heaters are scheduled for delivery in September 1987 to support fielding of other hospitals.

The 7½ ton dolly set will be available in the military specification production model to meet FUE. However, the PM must coordinate with the Tank-Automotive Command (TACOM) and the Test and Evaluation Command (TECOM) for early release from testing in order to actually have the dolly sets to field with the first hospital.

The 5-ton cargo trucks are not available from contract deliveries to meet the FUE date or for hospitals in the early part of the fielding schedule. However, on 8 December 1986 the Vice Chief of Staff of the Army directed that the Deputy Chief of Staff for Logistics provide 5-ton vehicles from the existing fleet.

---

<sup>3</sup>Tent, extendable, modular, personnel: a family of tent-style shelters available in different lengths and color patterns.

### **Test Equipment**

Of the 26 authorized items of test, measurement, and diagnostic equipment (TMDE), 16 are special-purpose and 10 are general-purpose. Sufficient quantities of the preferred or approved substitute items of general-purpose TMDE are available from the TMDE Project Manager to cover requirements into the second quarter of FY88. Six of the 16 special-purpose TMDE items can be obtained through General Services Administration/Veterans Administration supply schedules. The remaining 10 items cannot be procured in time to meet the FUE date, and no valid substitutes are available. The current strategy to accommodate this shortage involves the use of maintenance contact teams from USAMMA to support the equipment until the shortages are filled. Both the general-purpose and special-purpose TMDE items and any substitutes for the preferred items require quantity and item identification adjustments in the authorization documents.

### **Supply Support**

The basis for stocking repair parts is unresolved. USAMMA and DLA are examining alternatives to the traditional demand-based stockage level. The alternatives include the use of numeric stockage objectives and a contract arrangement with manufacturers for stockage to support Army requirements.

The concept for providing follow-on materiel to fill shortages in all units is to package multiple lines and large quantities of non-technical items for issue to the unit. Technical equipment is issued to the unit concurrent with the providing of new equipment training.

Temporary authorization documents need to be developed and published to reflect equipment substitutions and deletions that occur in the fielding of the first hospital and in all subsequent hospitals until the required equipment is available.

### **Transportation and Transportability**

The request for a transportability analysis and the data elements required for the analysis has been submitted to the Military Traffic Management Command (MTMC). The transportability analysis and MTMC's approval is expected to be completed before the FUE date.

### **Technical Data**

No unresolved Technical Data issues affect the FUE date.

### **Manpower and Personnel**

No manpower and personnel issues remain open. Manpower- and personnel-related issues were previously passed to AHS and none is identified as being unresolved by the FUE date.

### **Training and Training Devices**

The AHS initially completed a draft plan for providing training sets to DEPMEDS-equipped units and submitted it to the U.S. Army Forces Command (FORSCOM). Its proposal required programming 48 training sets in future Program Objective Memorandums (POMs) to use in training Army Reserve units.

An alternative configuration of minimum essential equipment for training (MEET) was developed in June 1986 by a joint working group of representatives from FORSCOM; Office of the Chief, Army Reserves (OCAR); National Guard Bureau (NGB); and the AHS. Final fielding and training strategies for all units receiving MEET are being incorporated into the MFP.

### **Facilities**

All facilities issues that affect FUE have been resolved. USAREUR and FORSCOM have military construction requirements in the current POM for the storage and training facilities required to support the total DEPMEDS fielding schedule and long-range operational plan.

### **Computer Resource Support**

No unresolved computer resource support issues affect FUE. Computer resource support for DEPMEDS-equipped units is an integral part of the Theater Army Medical Management Information System project that is assigned to the AHS for development and extension on a schedule unrelated to DEPMEDS fielding.

### **Materiel Fielding Plan**

USAMMA is responsible for the MFP. The first generic drafts of the MFP for the CSH, EVAC, and GEN hospital have been provided to the field for review and

comment. A copy of the draft CSH MFP was provided to the Major Commands (MACOMs) at the 28 October 1986 In-Process Review (IPR). Comments were returned to USAMMA in December 1986. Additionally, the EVAC MFP was distributed to the MACOMs in November 1986. The EVAC hospital final draft MFP was published in March 1987.

The distribution priority philosophy briefed at the 28 October 1986 IPR is as follows: equip unequipped units first, maximize other support equipment (OSE) status, keep the Regional Medical Training Center (RMTTC) and new activations on schedule, and equip ready units last. Milestones for reviewing the initial draft distribution schedule have been met. The final draft schedule for fielding DEPMEDS hospitals is at the MACOMs for review.

The actions needed to accomplish total package fielding (TPF) will vary depending on the complexity of the end item or system. Five distinct levels of complexity are recognized under TPF. USAMMA is the lead agency for this effort and is determining the items to be included in this process and the resources required to accomplish TPF. The U.S. Army Deputy Chief of Staff for Logistics (DCSLOG) has requested the Commander, U. S. Army Materiel Command (AMC) assist USAMMA in the fielding of DEPMEDS as a TPF level three system.<sup>4</sup>

#### Design Influence

The DEPMEDS data base<sup>5</sup> is in a constant state of change. The components of the medical materiel sets (MMSs) ordered from the FY84 data base differ greatly from those in the current data base. The changes have a financial impact because of the materiel excessing and requisitioning actions that are necessary to accommodate them. Continuous processing of changes also creates an operational workload for DEPMEDS-equipped units and the DLA depots responsible for DEPMEDS sets. The DMSB has agreed to post changes annually in order to reduce the turbulence.

---

<sup>4</sup>Total package fielding at level three is for small, complex systems with limited support package requirements.

<sup>5</sup>The DEPMEDS data base is an automated file listing the supplies and equipment approved by the DMSB as components of medical materiel sets, and medical and nonmedical support equipment.

### **Standardization and Interoperability**

No standardization and interoperability issues remain open. Under DoD Directive 6430.2 and AR 10-65, the DMSB has strong central control over standardization and development of DEPMEDS for the Military Services. The PM's responsibility is to represent the Army's interests in the Joint Services Deployable Medical Systems Coordinating Group. In that forum, the PM has the opportunity to ensure commonality of materiel in the field environment and the supportability of the equipment standardized for DEPMEDS. Concurrently, the PM has early influence over proposed changes and can evaluate the impacts of such changes in the fielding schedule in time to reduce or accommodate their effects.

### **Reliability, Availability, and Maintainability (RAM)**

No RAM issues remain open.

### **Support Management**

The 16 September 1986 update of AR 220-1, "Unit Status Reporting," provides instructions to reserve component hospital units for reporting their readiness condition when equipment on hand is less than 65 percent of the equipment required for wartime mission. The regulation instructs the unit to report a C-5 readiness condition, i.e., that it is not combat ready due to Headquarters, Department of the Army action or programs; and that it does not have the prescribed wartime resources to perform the wartime mission for which it is organized, designed, or tasked. Other on-going readiness actions include: establishing policy for distribution of residual equipment from unit deployments; reporting procedures for PRIMOB stocks held for unequipped units; and reporting procedures for equipment stored in geographical areas remote from that of the reporting unit.

In November 1986, DLA and USAMMA signed a memorandum of understanding (MOU) establishing support planning and management responsibilities for DEPMEDS MMSs and medical equipment. A similar MOU between USAMMA and AMC is to be completed for nonmedical items fielded with DEPMEDS hospitals.

### **Cost Analysis and Funding**

Currently, no separate financial breakout of the DEPMEDS program exists. Because the DEPMEDS planning, programming, and budgeting process was underway when the PM was appointed, he has had little opportunity to effect any change. Additionally, since DEPMEDS is integrated with other medical programs into a single general medical readiness Program Development Increment Package (PDIP), it is difficult to distinguish DEPMEDS funding from that for other medical readiness improvement initiatives. An effort is underway to gain approval for DEPMEDS to enter the FY90-FY94 POM cycle in a separate PDIP. If that occurs, the PM will have better opportunity to perform cost analysis.

Funding requirements for MEET must be added to the FY90-FY94 POM. The MEET requirements for DEPMEDS were not included in the initial DEPMEDS program. The unfunded cost of the MEET requirement is approximately \$49 million.

### **PROJECT CONTROL**

#### **Issues and Schedule Management**

At regularly scheduled General Officer- and PM-chaired IPRs, representatives from the various responsible agencies present status on critical issues affecting the project. The open forums facilitate interagency coordination, resolution of differences, and identification of new issues. In the course of conducting nine IPRs, through 28 October 1986, many of the original 60 critical issues were closed or redefined or agreement had been reached on an interim solution. New issues identified by the PM are added to the management file for monitoring and follow-up. Each issue is assigned to a PM's staff officer who is responsible for maintaining the current status. On 24 November 1986, a letter from the Office of the Surgeon General (see Appendix A) to all responsible agencies established the procedure and format for reporting the current status of issues for which that agency was responsible. The reporting procedure provides the input for updating the automated project control support system and implements the full scope of the project control plan.

### **Charter Authority and Responsibilities**

The PM Charter gives him executive authority over DEPMEDS planning, direction, and execution. The charter vests the PM with the authority necessary to direct the Army's Combat and Materiel Developers to implement a total ILS-oriented management approach to the fielding and sustainment of DEPMEDS. Strong centralized control permits visibility of critical issues, provides more assurance of continued funding, and improves the probability of successful completion of the project.

The charter assigns extensive planning, programming, coordinating, monitoring, and directing responsibilities. The PM fulfills a large number of these by tasking and maintaining oversight of the Combat and Materiel Developers' efforts. The IMF and the SMF are available to the PM to support fulfilling these aspects of his responsibility. With them, the PM has the capability to gain visibility and exercise control of the problems and milestones affecting fielding, training, and postfielding support.

Although the large number of oversight and task monitoring responsibilities demand the attention of the PM and his staff, other areas of direct responsibility require an equal level of effort. These latter responsibilities are related to the PM's role in master planning to provide for long-term control and ensure integration of the project with other Army programs. Included in the charter are responsibilities for actions that have long-term impact such as:

- Publishing the consolidated DEPMEDS plan containing the estimated requirements for the 5-year and out-year period procurements
- Providing planning, programming, and budgeting guidance to Army organizations with support responsibility for DEPMEDS
- Representing the Army's interest as a permanent member of the Joint Services Deployable Medical Systems Coordinating Group
- Providing guidance for updating mobilization plans to reflect readiness capabilities consistent with the DEPMEDS fielding schedule.

With the project management emphasis placed on the oversight and task monitoring for the first-hospital and first-year fielding activities, the PM is able to expend little effort on the longer-term responsibilities. As the first year's schedule



moves toward completion, attention should shift to the areas that bring about total integration of DEPMEDS in the Army's planning and support systems.

#### **Distribution Strategy and Schedule**

The DEPMEDS distribution schedule is the final element of project control. It identifies for the PM those units that will receive DEPMEDS hospitals and the sequence in which they will be distributed. The PM is responsible for establishing necessary controls to ensure that hospitals are fielded in accordance with the schedule. Although several draft schedules have been prepared and circulated for comment, a final schedule is still to be published. The delays experienced in publishing an approved distribution schedule are the consequence of differing views on the underlying purpose of DEPMEDS, its justification for funding, and the units' capabilities to receive it. The differing views have caused the distribution strategy to change and the changes in turn cause revisions to the distribution schedule.

The April 1986 Army Modernization Information Memorandums set the distribution strategy to first equip the training base (the AHS) and CONUS units in proximity to the training base. Following these units were units in the order of the Department of Army Master Priority List with some modification to accommodate the capability of the Army Reserve's Regional Medical Training Centers. This strategy changed to one that was to balance force modernization and readiness improvement by replacing some units' equipment and issuing equipment to other unequipped units. The strategy presented in October 1986 was to equip the training base and unequipped units first and equip Training Centers next and then augment or replace equipped units' equipment in order of the Time Phased Force Deployment List. The final draft distribution strategy and draft schedule reflecting the strategy are under review by the MACOMs and subsequently will be submitted to the Office of the Assistant Secretary of Defense (Health Affairs) and the Army Staff for approval.

Although the distribution schedule is subject to future revisions to incorporate funding or force structure changes and delays in facility or site preparation plans, the PM needs a firm schedule to validate DLA's program of set assembly, USAMMA's staffing of the MFP, and AMC's actions on TPF. The absence of an approved distribution schedule limits the PM's ability to execute project control and direct the activities that are essential to initiating DEPMEDS fielding.



## **CHAPTER 3**

### **MANAGEMENT OF DISPLACED EQUIPMENT**

As DEPMEDS hospitals are fielded, the equipment at the receiving unit is displaced and available for transfer to equip additional units or to fill shortages at other units or in war reserve stocks. During the course of the project's 5-year fielding schedule, the Army has an opportunity to both modernize the units that receive DEPMEDS, and improve overall medical readiness and capability.

#### **THE REQUIREMENT FOR DISPLACED EQUIPMENT**

The Army's current strategy is to equip all forces organized under a standard or modified table of organization and equipment (TO&E) to at least a readiness condition of C-3<sup>1</sup> for equipment on hand. Displaced assets are used to bring units to the C-3 readiness condition first and to fill other requirements after the C-3 readiness criteria are met for all gaining units. Adopting the Army's equipping strategy as the redistribution objective results in the following priorities for transfer of displaced equipment:

- Equip newly activated units or unequipped units to a C-3 minimum.
- Increase quantities in currently equipped units to a C-3 minimum.
- Provide equipment for training to late fielded or late deploying primary mobilization units.
- Provide equipment to fill medical unit requirements above the C-3 readiness condition.
- Return equipment to the depot system and apply to war reserve requirements.

Although the redistribution of displaced equipment appears to be a simple turn-in and issue process, it is actually complex and demanding because of the number of commands participating in the management of the displaced equipment.

---

<sup>1</sup>The highest readiness rating is C-1, and the lowest readiness rating is C-5. A C-3 readiness condition code means that the unit has at least 65 percent of its authorized equipment on-hand.

the simultaneous involvement of the same participants in the fielding of DEPMEDS, and the variety of medical equipment sets and medical and nonmedical associated support items of equipment (ASIOE) that are displaced. The Material Transfer Plan (MTP) provides the policy guidance, and documents the actions necessary to complete this requirement.

## **THE MATERIEL TRANSFER PLAN**

### **Purpose**

The MTP for management of equipment displaced by the fielding of DEPMEDS is provided in Appendix B. The purpose of the MTP is to establish policies, responsibilities, and time frames for an orderly transfer of equipment from units receiving DEPMEDS to newly activated units, to established units receiving their first sets of MUST<sup>2</sup> equipment, or to depots for storage as war reserve stocks. To meet the purpose of the MTP it is necessary to:

- Formulate the primary policies for execution of the materiel transfer and redistribution process
- Assign responsibilities to the activities in the management structure
- Establish the general procedures for managing materiel redistribution.

### **Policies**

Displaced equipment will be managed in accordance with the policies established in the MTP, included as Appendix B, and based on draft AR 700-XXX, "Materiel Release, Fielding, and Transfer." AR 700-XXX provides policy guidelines but does not do so in sufficient detail to serve as definitive guidance for managing the equipment displaced by the fielding of DEPMEDS.

### **Responsibilities**

Responsibilities are divided among the Fielding Command (FC), the Supporting Commands (SCs), the Losing Commands (LCs), and the Gaining Commands (GCs). The FC is The Surgeon General, with responsibilities for coordination of the transfer process delegated to the DEPMEDS Project Manager.

---

<sup>2</sup>MUST is the commonly used reference for the system of hospital sets, shelters, and specialized support items fielded in the late 1960s and through the 1970s. The full title is Medical Unit, Self-Contained, Transportable.

The three SCs are USAMMA, TROSCOM, and TACOM. USAMMA has cognizance over all medical items, while TROSCOM and TACOM have cognizance over the nonmedical ASIOE for which they are the wholesale inventory manager. TROSCOM also has cognizance over the ASIOE for which another Service is the wholesale inventory manager. An LC is the MACOM that displaces its medical equipment and ASIOE upon receipt of DEPMEDS, while a GC is the MACOM designated to receive the displaced set of equipment. FORSCOM is both the LC and the GC when the transfer of displaced equipment is between units of the active and reserve forces under its control.

#### **Procedures**

The MTP deals with the displacement of MUST medical equipment sets, medical ASIOE, and nonmedical ASIOE from units receiving DEPMEDS. Other support equipment (OSE) will be managed by the respective MACOMs and is therefore not addressed in the MTP. The materiel transfer process will be driven by the fielding schedule for DEPMEDS since assets will be displaced when "losing units" receive their new DEPMEDS equipment. Each losing unit will be assigned a corresponding "gaining unit" to receive its unit set of displaced equipment. The gaining units will be newly activated or existing units that are scheduled to receive their first set of MUST equipment. The FC will determine the losing-to-gaining unit assignments, the gaining unit priorities, and the equipment transfer dates. Using these assignments, priorities, and dates, the SCs will determine the distribution of specific equipment items based on reports to them from the LCs that list the quantity and condition code of assets available for transfer.

#### ***Serviceable Equipment***

For each losing unit, the LC will report to the SCs the quantity and condition of assets available for transfer. The LC will ensure that the displaced equipment is in a serviceable condition (Materiel Condition Code A or B) or, if depot-level repair is required, the highest possible materiel condition within its capability prior to transfer. The SCs will analyze the asset reports from the LC and compare them with the gaining unit's equipment requirements as reflected in its TO&E. The SCs will issue materiel movement directives to satisfy as many of the gaining unit's C-3 readiness-level equipment requirements as possible from the losing unit's

servicable displaced equipment. The FC will provide a Materiel Transfer Team (MTT) to assist the LC with the inventory and documentation required for transfer.

Because the first objective of the transfer process is to equip all gaining units to a C-3 readiness condition, the SCs will satisfy most of the materiel requirements for a gaining unit from the displaced serviceable equipment of the corresponding losing unit or from other displaced equipment under the SC's control. A gaining unit will fill its remaining equipment shortages by requisitioning the required items in accordance with standard procedures. Displaced assets from a losing unit that are in excess of the requirements of the gaining unit will be turned in to the SCs. After the requirements of the gaining units are satisfied, the SCs will issue residual displaced equipment to fill requisitions from units that are currently MUST-equipped.

Displaced serviceable equipment will be staged and organized at the gaining unit's supporting installation to facilitate the equipment transfer and an efficient inventory by the gaining unit. The MTT will assist the GC with the staging and documentation required for receipt of the displaced equipment.

#### ***Unserviceable Equipment***

Because of possible delays associated with repair parts availability and maintenance capability, the SC will take physical custody of displaced unserviceable assets. Unserviceable equipment will be rehabilitated before being transferred to the GC. Depot maintenance requirements for displaced unserviceable equipment will be developed by the SCs, and funding for depot maintenance will be coordinated by the FC. When the equipment is in a ready-for-issue condition, the SC will direct its shipment to the gaining unit or to the installation's staging location if the equipment transfer process is still underway.

#### **MTP Format**

The MTP is organized as a basic plan with six attachments. The basic plan describes the background of DEPMEDS, identifies the major participants in the materiel transfer process and the data sources for assets and equipment requirements, and describes the overall logistics support and transfer concept.

It then enumerates major responsibilities of the primary participants in the process. The following attachments to the basic MTP are provided to further clarify the transfer process:

- **Attachment A:** An assignment matrix specifying the relationships between losing and gaining units, priority order of gaining units, and the scheduled transfer dates. (The FC provides the entries for the matrix.)
- **Attachment B:** A list of the displaced items to which the MTP is applicable. (The FC identifies the items.)
- **Attachment C:** The format for asset reports by the Losing Command.
- **Attachment D:** A schedule to execute the transfer of a unit set of displaced equipment.
- **Attachment E:** A Materiel Transfer Agreement between the Fielding Command and the Losing Command.
- **Attachment F:** A Materiel Transfer Agreement between the Fielding Command and the Gaining Command.





## **CHAPTER 4**

### **POST-FIRST UNIT EQUIPPED MANAGEMENT**

In an ideally supported and executed project, the PM could provide the MMSs and support equipment to the first unit and all subsequent units exactly as authorized and configured for the unit's mission.

In the update of the ILS elements we note a number of actions leading to the FUE date and in support of the first year's fielding schedule that should be addressed by the PM after the FUE date until the units are equipped to the proper authorization and configuration. We discuss those actions in this chapter as Retrofit Requirements.

As a part of our assessment of the overall project control, we discuss several charter responsibilities assigned to the PM that provide for long-term management control and assurance of the project's integration with other Army programs. These responsibilities are the planning and program actions required of the PM for the life of the project. We present them as separate but interrelated actions as Other Transitional Requirements and Life-Cycle Requirements.

#### **RETROFIT REQUIREMENTS**

In order to meet the FUE date, certain items of equipment will have to be fielded to the DEPMEDS-equipped units as interim substitutes until the required equipment becomes available. The retrofitting of those items into existing units will require some of the same fielding considerations as the initial fielding of DEPMEDS. Three important areas of consideration are the retrofit and management of substituted and replacement equipment, the management of the changes that will occur in the current DEPMEDS data base, and the impact that the equipment differences and interchanges may have on operational capabilities and readiness reporting.

### **Management of Interim Substitutes**

Replacing substituted equipment with authorized equipment will require substantial management effort. The retrofitting of authorized equipment should follow the same processes as the initial fielding. Documentation, supply and maintenance, and training are paramount to this process.

#### ***Documentation***

The substitute items must be documented as interim replacements for the required items in the standard DEPMEDS configuration. Additionally, visibility of these items must be maintained so that the required items can be retrofitted into the unit as they become available. If a decision is made to leave the substitute items with the unit, a plan should be established for adding the items to the unit's basic authorization document. Completing these processes will ensure sustained support, replacement, and configuration management.

#### ***Supply and Maintenance***

A review of the supply and maintenance support will be required for both the replacement equipment and the interim substitute items. As the required items become available and are fielded, the unit and the support system's authorized levels of repair parts, appropriate tools and test equipment, technical documentation and maintenance methodology – all are key elements in the total package fielding (TPF) process – must be changed. The unit must also be given packing specifications and disposition instructions for the replaced item.

To ensure complete support of the item being retrofitted, the Army's Materiel Release Program should be applied. The Materiel Developers are responsible for the execution of the program and for ensuring that all ILS elements are addressed. In addition, these items should be fielded under TPF guidance. Use of the Materiel Release Program and TPF will enhance supportability and lessen the burden on the receiving unit.

#### **Data Base Changes**

The PM must develop a system to manage the update of components in the MMSs to reflect the changes made to the DEPMEDS data base since 1984. This

system should include management of funding, requisitioning, documentation, and disposition of excesses.

### **Operational Capabilities And Readiness Reporting**

Interim substitute equipment may affect the unit's operational capabilities and readiness reporting criteria. Some of the interim equipment does not represent a one-for-one match in capability nor does it equate numerically to the equipment required by the DEPMEDS data base.<sup>1</sup> For example, an EVAC hospital's authorization for 8 defibrillators and 48 monitors is filled by an interim substitution of 7 defibrillator-monitor combination units. This substitution results in a shortfall in capability from the designed requirement that was established by the DEPMEDS Clinical Review Committee. Since medical investment items in DEPMEDS are generally Equipment Readiness Code A, fielding a lesser quantity of the interim substitute item requires that the readiness reporting criteria for the equipment portion of the unit status rating<sup>2</sup> be modified to accommodate interim substitutes.

### **OTHER TRANSITIONAL REQUIREMENTS**

Issues other than managing the substitute equipment also effect the post-fielding management of DEPMEDS. The four major issues that should be addressed to ensure the success and continued support of DEPMEDS are a continual fielding assessment, a quality assurance and assistance program, the accuracy of readiness reporting criteria, and a definitive distribution priority list.

### **Fielding Assessment**

AR 700-XXX prescribes that the gaining MACOM complete a fielding assessment and forward it to the fielding command to identify shortcomings and problems with the fielding process. Currently, no post-fielding management plan is available to assess the effectiveness of the fielding process or to ensure the sustainment of support after the transfer of the DEPMEDS hospital to the gaining unit.

---

<sup>1</sup>Ibid., DEPMEDS data base, page 2-7.

<sup>2</sup>The unit status rating is a measure of the resources (personnel, equipment on-hand, equipment readiness, and training) available to perform the unit's mission. The unit status rating is usually equal to the lowest readiness condition code of the measured resource areas.

### **Quality Assurance and Assistance**

Systemic quality assurance is at the heart of the post-fielding management plan. Without a feedback information loop and objective measurements of effectiveness, quality assurance of the DEPMEDS fielding process can not be guaranteed nor can adjustments be made to improve future fieldings. Once this system is in place, information interchange between Commands and the PM Office could be used to correct problems in the fielding process and formulate requirements that need HQDA attention.

A PM assistance team could be employed after the equipment hand-off to gather technical information and solve problems that occur with the first DEPMEDS-equipped units. Sharing information between the MACOMs and the PM Office would allow the assistance teams to focus their efforts on the most critical areas.

### **Readiness Reporting**

The essentiality and readiness reporting criteria for the hospital units and their MMSs is inadequate as published in AR 220-1. That document's major shortfall is that it requires readiness reporting to be based on the set's Line Item Number (LIN). Each set contains many items, but it is accounted for by a single LIN. The regulation does not address the readiness of each set with regard to critical items that make up the set or the percent of the items required to be on-hand for the set in order to calculate its C-rating. An accurate readiness reporting criterion should be developed and validated specifically for hospital units.

### **Distribution Priority List**

The PM should finalize and publish a time-phased unit distribution priority list that will determine the schedule and sequence for all units to receive DEPMEDS equipment. He should also finalize and publish a similar list to establish the schedule and sequence for all units that will receive the equipment displaced by the fielding of DEPMEDS.

### **LIFE-CYCLE REQUIREMENTS**

While the fielding of all programmed DEPMEDS-equipped units continues, requirements that extend through the life-cycle of the system must be considered.

Those requirements include the integration of the DEPMEDS data base changes with other requirements, the configuration management of MMSs and support equipment, the evaluation of readiness measures, and the eventual disestablishment of the Project Management Office concurrent with the establishment of a DEPMEDS Support Office.

#### **Integration of Data Base Changes**

The PM should develop a centrally managed system that will integrate clinical, logistical, and economic requirements when updating the DEPMEDS data base. The PM should ensure that the system maintains historical records of previous versions of the data base and an "audit trail" for all changes. This system should interact with the configuration management system described in the following subsection.

#### **Configuration Management**

Effective support of the DEPMEDS program requires a comprehensive, long-term approach to the management of configuration data. A system is needed to identify for all medical units the quantity of MMSs and medical and nonmedical support equipment required, authorized, and on-hand. Moreover, the system should display fielding plans to correct any materiel shortfalls, and provide a complete financial inventory analysis capability.

##### ***Medical Materiel Sets (MMS)***

The issue of configuration management of MMS is complicated by changes to the DEPMEDS data base. When an MMS is requisitioned the Defense Personnel Support Center (DPSC) buys the specific components reflected in the data base at the time of the order. Thus, the sets that will be fielded in FY87 reflect the 1984 version of the data base. Since the data base will be changed annually, future fieldings will reflect a similar disparity. Thus, a configuration control system will need to display the version of the MMS as related to the components list against which it was assembled. The configuration control system for medical units could then access this information to determine the specific items of materiel in a unit's MMSs.

The MMS portion of the configuration control system should be designed to support and integrate the efforts of clinicians and logisticians. That is, proposed

changes to the components of an MMS should be made only after all the clinical, economic, and logistical factors have been considered.

#### ***Medical Units***

The configuration management system for hospital units, which includes both medical and nonmedical materiel, should provide for automated data collection and reporting procedures for all DEPMEDS-equipped units. Fielding plans to alleviate materiel deficiencies and the replacement of substitute items with required equipment should be displayed. The system should display the versions of MMSs that are held by the units since the exact difference between current authorizations and that on hand cannot be determined without such information. The system that produces TO&Es should interact with this system.

#### ***Readiness***

Readiness measurements and objectives should be evaluated throughout the life of DEPMEDS. As the configuration changes, the readiness criteria should also be changed to reflect the impact of equipment differences on the unit's ability to accomplish its mission. In addition to updating readiness criteria, transportability and deployability should also be reevaluated.

#### ***Transportability***

The transportability of the DEPMEDS-equipped units should be continuously evaluated through thorough analysis and field testing. This evaluation should address the capability of unit personnel and those support personnel who can realistically be expected to augment them in moving and assembling their equipment in accordance with war plans and under near-wartime conditions.

#### ***Deployability***

A thorough analysis of the DoD's ability to support those parts of the war plans involving DEPMEDS-equipped units should be undertaken. Central to this analysis is the feasibility of deploying DEPMEDS-equipped units when the DoD transportation system is under maximum stress during a mobilization. Once the deployability is verified, a system should be established to maintain the assurance of deployability over the life of the system. The PM should initiate this analysis in

conjunction with the Strategic Mobility Division in the Office of the Deputy Chief of Staff for Logistics.

**Project Management Office Termination**

The PM should develop a plan to disestablish the Project Management Office when all DEPMEDS-equipped units are fielded and operational, the responsibilities described in this chapter have been fulfilled, and management responsibility has been transferred to a System Support Manager designated by the Surgeon General.

**APPENDIX A**  
**REPORTING PROCEDURE**





DEPARTMENT OF THE ARMY  
OFFICE OF THE SURGEON GENERAL  
WASHINGTON, DC 20310-2300

DEPLY TO  
ATTENTION OF

8: 2 December 1986

24 NOV 1986

DASG-HCP

SUBJECT: Update of Deployable Medical Systems (DEPMEDS) Issues and Actions

SEE DISTRIBUTION

1. Reference DEPMEDS 4th In-Process Review (IPR), 28 October 1986.
2. During referenced IPR, it was announced that the DEPMEDS issue tracking system would be altered to parallel the Functional Area Analysis (FAA) methodology. The purpose of this letter is to implement this change.
3. Following concepts will be utilized:
  - a. Issues and actions will be written by DASG-HCZ.
  - b. Each issue and action will have a separate executive summary.
  - c. Executive summaries will be written by the proponent agency and submitted prior to each IPR. (On call)
  - d. Executive summaries will contain current status of the issue/action, planned future actions, target dates and will be limited to 100 words or less.
  - e. Each issue will be graded during the IPR as follows:
    - Complete - self-explanatory
    - Update - action ongoing
    - Review - improperly addressed issue/action, urgent action required
4. Attached are issues and actions pertaining to your agency. Request you review each and provide an updated, current status oriented executive summary to reach this office, not later than 2 December 1986. These updates will be used to brief the Vice Chief of Staff, Army on 6 December 1986.

FOR THE SURGEON GENERAL:

Atch

WALTER F. GORMAN, III  
Brigadier General, MS  
Director, Health Care Operations

**DASO-MCF**

**SUBJECT: Update of Deployable Medical Systems (DEPMDS) Issues and Actions**

**DISTRIBUTION:**

**COMMANDERS IN CHIEF**

U.S. EUROPEAN COMMAND, ATTN: ECOM

U.S. ARMY EUROPE, ATTN: ARAND-FO-FM

**COMMANDEES**

U.S. ARMY FORCES COMMAND, ATTN: AFMD-TL

U.S. ARMY TRAINING AND DOCTRINE COMMAND, ATTN: ATTG-Y

U.S. ARMY MATERIEL COMMAND, ATTN: AMCFM

DEFENSE LOGISTICS AGENCY, ATTN: DRSO

DEFENSE PERSONNEL SUPPORT CENTER, ATTN: DPSC-FZ

U.S. ARMY COMMUNICATIONS AND ELECTRONICS COMMAND,

ATTN: AMSEL-FE-SA-FAA

U.S. ARMY HEALTH SERVICES COMMAND, ATTN: HSCF-S

U.S. ARMY MEDICAL RESEARCH AND DEVELOPMENT COMMAND,

ATTN: SMD-FLB

U.S. ARMY MISSILE COMMAND, ATTN: AMEM-FE

U.S. ARMY TANK AUTOMOTIVE COMMAND, ATTN: TACOM-AMSTA-KC

U.S. ARMY TROOP SUPPORT COMMAND, ATTN: AMSTR-MH

U.S. ARMY MEDICAL MATERIEL AGENCY, ATTN: SGMMA-R

U.S. ARMY MILITARY TRAFFIC MANAGEMENT COMMAND

TRANSPORTATION ENGINEERING AGENCY, ATTN: MR. SLINGER

**COMMANDANT**

ACADEMY OF HEALTH SCIENCES, U.S. ARMY, ATTN: HSHA-ZAC-P

**CHIEF**

NATIONAL GUARD BUREAU, ATTN: NGB-ANS

**STAFF DIRECTOR**

DEFENSE MEDICAL STANDARDIZATION BOARD,

ATTN: MR. BALDERSON

LOGISTICS MANAGEMENT INSTITUTE, ATTN: MR. HOFM

DASR-FR-FMD

DACS-DFM

DALO-SRP

DALO-SRS

DAGR-CSS-D

DAGR-CSS-P

DMD-FIR

DASG-SCD

DASG-SCD-O

DASG-SCJ

DASG-SCJ-S

DASG-MCO

DASG-MCO-P

DASG-ECS

DASG-RIZ

DASG-RP

DAFT-MBI-CS

**APPENDIX B**  
**MATERIEL TRANSFER PLAN**

## **APPENDIX B**

### **MATERIEL TRANSFER PLAN**

#### **1. INTRODUCTION**

##### **a. Background**

Deployable Medical Systems (DEPMEDS) is a 5-year project to field 156 Army combat zone and communication zone hospitals, which will result in the displacement of existing field medical equipment and associated support items of equipment (ASIOE). The redistribution of these assets is a complex process involving three different supporting commands. Many of the considerations required to insure logistics support of the new DEPMEDS equipment will also be required to support the displaced equipment. The draft Army Regulation (AR) 700-XXX provides the basic policy guidance for the Materiel Transfer Plan (MTP).

##### **b. Purpose of the Materiel Transfer Plan**

As the Army field medical system is expanded through the fielding of DEPMEDS it is essential to effectively utilize the displaced equipment to further increase field medical capability. The purpose of the MTP is to establish policies, responsibilities, and time frames to achieve an orderly transfer of Medial Unit, Self-Contained Transportable (MUST) equipment from units receiving DEPMEDS to newly activated medical units, and to established medical units scheduled to receive their first set of MUST equipment. The MTP pertains to displaced medical equipment sets (MESs), medical ASIOE, and nonmedical ASIOE. Other support equipment (OSE) will be managed by the respective major commands (MACOMs) and is therefore not addressed in the MTP. The MTP establishes the responsibilities of the fielding command, supporting commands, losing and gaining commands, and losing and gaining units.

Special procedures are not developed for materiel transfer to units that are currently MUST-equipped. Those units will continue using standard procedures to requisition equipment from the wholesale managers.

**c. Participants**

**(1) Fielding Command (FC)**

The Surgeon General is the FC, with responsibilities for coordination of the transfer process delegated to the DEPMEDS Project Manager. The FC will also determine the schedule and unit priorities for equipment transfer (Attachment A).

**(2) Supporting Commands (SCs)**

The three supporting commands are the U.S. Army Medical Materiel Agency (USAMMA), the Troop Support Command (TROSCOM), and the Tank Automotive Command (TACOM). USAMMA has cognizance over all medical items, while TROSCOM and TACOM have cognizance over nonmedical ASIOE for which they serve as wholesale manager. TROSCOM also has cognizance over ASIOE managed at the wholesale level by another Service.

**(3) Losing and Gaining Commands**

The losing commands (LCs) are the MACOMs that will receive DEPMEDS and transfer their current medical equipment and ASIOE. The gaining commands (GCs) are the MACOMs that will receive the displaced equipment. Except for the preparation of required inter-MACOM reports, a MACOM will fulfill the responsibilities of both LC and GC when displaced equipment is transferred within the same MACOM.

**(4) Losing and Gaining Units**

The specific medical units, and their respective MACOMs, involved in the materiel transfer process are listed in Attachment A. The scheduled transfer dates are also listed in Attachment A.

The units receiving DEPMEDS and transferring their MUST equipment are referred to as the "losing units," and the units receiving the transferred MUST equipment sets are referred to as the "gaining units."

**d. Materiel Transfer Agreements**

Formal Materiel Transfer Agreements (MTAs) will be established to clarify the responsibilities of the LCs and GCs. For each set of MUST equipment to be displaced

an MTA will be negotiated between the FC and the LC, and another between the FC and the GC. Attachments E and F are draft MTAs that will be used as a basis for the development of the final MTAs.

The responsibilities of the SCs are outlined in this MTP but will not be reiterated in MTAs.

## **2. ASSET AND REQUIREMENT DATA SOURCES**

Asset data will be provided by the LC to the FC and SCs, with the quantities and condition codes of all equipment listed in Attachment B. This equipment data will be formatted as illustrated in Attachment C. The basis of requirements data for the gaining units will be their Tables of Organization and Equipment (TOEs). The item and quantity requirements may be adjusted in accordance with the readiness objectives for gaining units established by DA and promulgated by the FC.

The FC will coordinate the analysis of this data by the SCs to determine the deficiencies, if any, between the requirements of the gaining units and the displaced materiel available from the losing units. The SCs will communicate these deficiencies to the GC and the FC. The SC and the FC will jointly determine if these deficiencies can be filled by additional assets displaced from the fielding of further DEPMEDS units, and when these additional assets will be available.

## **3. LOGISTICS SUPPORT AND TRANSFER CONCEPT**

Most of the materiel requirements for a gaining unit will be satisfied from the displaced equipment of the corresponding losing unit. The materiel displaced from a losing unit will be allocated first to the requirements of the corresponding gaining unit, as indicated in Attachment A. Available assets beyond the gaining unit's requirements will be applied to the aggregate equipment requirements for all gaining units. The unit priorities promulgated by the FC will be used to allocate these resources, with the goal of C-3 readiness for all gaining units. Displaced equipment that is excess to projected requirements of both new and existing gaining units will be returned to depot stocks as directed by the responsible SC.

Displaced equipment for a gaining unit will be staged and organized to facilitate the transfer of equipment and an efficient inventory by the gaining unit. The staging area will be located at the gaining unit's supporting installation, and unserviceable equipment will be rehabilitated before being transferred to the GC.

The LC will ensure that the displaced equipment is in materiel condition code B or if depot-level repair is required, in the highest possible materiel condition within its capability prior to transfer. Depot maintenance requirements for displaced equipment will be performed by the SCs.

Attachment D is a schedule of events for executing the transfer of materiel from a losing unit to a gaining unit. Because of possible delays associated with materiel availability and maintenance requirements, there will be limited "free flow" of equipment to gaining units.

After receipt of the displaced equipment, the GC will apply standard supply and maintenance support procedures to resolve remaining supply or maintenance requirements. Equipment held by a gaining unit that is made excess by the receipt of transferred MUST equipment will be reported as excess in accordance with existing Command policies.

#### **4. FIELDING COMMAND RESPONSIBILITIES**

##### **a. Schedule and Priorities**

The schedule for materiel transfer and the priorities of gaining units are reflected in Attachment A. The FC will ensure the incorporation of these priorities into the Total Army Equipment Distribution Plan (TAEDP), and they will be used by the SCs for the distribution of assets.

##### **b. Aggregate Requirements**

The FC will provide the SCs with estimates of the total requirements, by fiscal year, for those items listed in Attachment B for all field medical units scheduled to receive displaced equipment.

##### **c. Materiel Disposition Guidance**

The allocation principles described above in paragraph 3 will be applied by the SCs. Specific questions from the LC and SCs regarding disposition of displaced materiel will be resolved by the FC.

**d. Depot Maintenance Funding**

The FC will provide workload estimates to the SCs to be used to prepare budget estimates for depot maintenance. The FC will coordinate the depot maintenance funding with the Office of the Deputy Chief of Staff for Logistics (ODCSLOG) for nonmedical items. The FC will coordinate funding with USAMMA for medical items.

**e. Materiel Transfer Team (MTT)**

The FC will organize and assemble an MTT, consisting primarily of personnel from the SCs, with augmentation as required from the LC and GC. The MTT will be responsible for:

- (1) Assisting with and validating the inventory of displaced equipment and associated records transferred from the LC
- (2) Providing guidance to the LC on packing standards and other technical and materiel disposition issues
- (3) Evaluating the materiel condition of medical equipment sets
- (4) Assisting the LC with necessary documentation regarding the transfer process
- (5) Providing the FC with an after-action report and lessons learned after the transfer of equipment from the losing unit
- (6) Coordinating, with GC assistance, the staging and inventory of transferred equipment for receipt by the gaining unit
- (7) Assisting the gaining unit with documentation and other technical issues concerning the transferred equipment
- (8) Providing the FC with an after-action report and lessons learned after the receipt of equipment by the gaining unit.

**5. LOSING COMMAND RESPONSIBILITIES**

**a. Point-of-Contact (POC)**

The LC will provide a POC(s) to the FC, SCs, and GC for all matters concerning the transfer process.



**b. Equipment Repair**

The LC will ensure that all equipment to be transferred is in condition code B or, if depot level repairs are required, the highest possible condition code within its maintenance capability. These repair actions will be completed 90 days before the scheduled transfer date, and, if necessary, both direct and general support repair capability will be used to fulfill this requirement.

**c. Repair Parts and Consumables Supplies**

The LC will ensure that 100 percent of all repair parts and consumable supplies, except shelf-life items, authorized for support of the transferred equipment are on-hand or on-order 90 days before the scheduled transfer. These items will be transferred with the medical equipment sets and ASIOE. Requisitions initiated within 90 days of the scheduled transfer date to correct deficiencies will specify the gaining unit's staging area as the "SHIP TO" address. The losing unit will provide the gaining unit a listing of materiel ordered to fill shortages of authorized items or to correct deficiencies. Excess repair parts and consumables will be reported as excess in accordance with existing Command procedures.

**d. Medical Shelf-Life Items**

The LC will direct the losing unit to transfer all medical items with a shelf-life of less than 5 years to its supporting Installation Medical Supply Account (IMSA) within 30 days of the scheduled transfer date. The losing unit will stop ordering replenishment quantities of medical shelf-life items 180 days before the scheduled transfer date unless specific operational commitments will result in their consumption prior to the transfer date.

**e. Survey of Losses**

Missing equipment and equipment damaged beyond repair will be surveyed by the LC in accordance with AR 735-11.

**f. Report of Assets**

Using the format in Attachment C, the LC will report to the FC and the SCs the quantities and condition codes of equipment listed in Attachment B that is to be transferred. This data will be submitted 75 days prior to the scheduled transfer date.

**g. Staging Facilities**

The LC will provide facilities at the supporting installation of the losing unit to inspect, inventory, and pack the displaced equipment.

**h. Materiel Transfer Team Support**

The LC will provide the require administrative, logistical, and personnel support for the MTT to accomplish its mission. The LC will assist the MTT in performing an inventory of equipment to be transferred.

**i. Packing**

With the guidance of the SCs and the MTT, the LC will pack the displaced equipment for shipping. The LC will also pack for shipping the associated consumables and repair parts; technical manuals; maintenance and supply records; basic issue items (BII); special tools; and test, measurement, and diagnostic equipment (TMDE).

**j. Shipping**

After the inventory by the LC and MTT is documented, the LC will ship the displaced equipment in accordance with the Materiel Movement Directives (MMDs) provided by the SCs. At the time of shipment the LC will send a confirmation message to the FC, SCs, and GC. The message will enumerate the items and quantities shipped, the shortages or repair deficiencies, and the materiel on-order to cover those shortages or repair deficiencies. The LC will fund the shipping of displaced equipment.

**k. Deficiencies**

Deficiencies in consumables or repair parts that are still on-order by the LC when the displaced equipment is shipped will be managed as follows. The LC will attempt to modify the "SHIP TO" address of the requisitions to direct the materiel to the gaining unit. When that is not possible, the LC will ship the materiel to the gaining unit upon receipt. For intra-MACOM transfers, the losing unit will advise the MACOM, the gaining unit, and the FC of the status of this materiel by monthly message until the deficiencies are resolved. For inter-MACOM transfers, the LC

will provide this information to the GC and FC by monthly message until the deficiencies are resolved.

**6. GAINING COMMAND RESPONSIBILITIES**

**a. Point-of-Contact(POC)**

The GC will provide a POC(s) to the FC, SCs, and LC for all matters concerning the transfer process.

**b. Mission Support Plan (MSP)**

The GC will develop an MSP to implement its responsibilities, in accordance with this MTP and its MTA. A copy of the MSP will be provided to the FC.

**c. Staging Facilities**

The GC will provide staging facilities for the transferred equipment at the supporting installation of each gaining unit. For each gaining unit the GC will advise the FC, SCs, and LC (or losing unit if an intra-MACOM transfer) 120 days before the scheduled transfer date of the "SHIP TO" address for the transferred materiel. The staging facilities will include sufficient covered storage for those items of displace equipment not suitable for outside storage, and appropriate facilities to conduct technical inspection and inventories. The staging facilities will be used by the MTT and GC personnel for organizing the transfer equipment for receipt by the gaining unit.

**d. Displaced Equipment Training (DET)**

The GC will plan the DET requirement and will provide the DET for the gaining unit, with assistance from the SCs.

**e. Authorization Documents**

The GC will prepare and update the equipment authorization documents for units schedule to receive displaced equipment.

**f. MTT Support**

The GC will provide the required administrative, logistical, and personnel support for the MTT to accomplish its mission. The GC will assist the MTT in performing the inventory of transferred equipment.

**g. Receipt**

The GC will receive the transferred equipment and will complete all required supply and maintenance records.

**h. Excesses**

A fully or partially equipped medical receiving its initial issue of MUST equipment will report excess items in accordance with established Command policy. The GC will provide temporary storage space for such excesses at the supporting installation when disposition is delayed beyond the receipt date of the MUST equipment.

**i. Follow-on Support**

The GC will apply standard supply and maintenance procedures to support the gaining unit after receipt of the transferred equipment. This includes requisitioning materiel deficiencies, except: (1) those assets reported by the LC (or losing unit if an intra-MACOM transfer) as on-order and due-in to the gaining unit, and (2) those unserviceable assets being repaired by the SCs and reported as due-in to the gaining unit.

**7. SUPPORTING COMMAND(S) RESPONSIBILITIES**

**a. Asset Analysis and Materiel Movement Directives**

The SCs will compare the asset reports from the LC with the TOE requirements of the gaining unit. This analysis will be the basis of disposition instructions, in the form of MMDs, which will be provided to the LC 30 days before the transfer date. Simultaneously, the SC will provide the GC and the FC with line item detail listings of the MMDs issued to the LC.

**b. Equipment Serviceability Criteria**

The equipment serviceability criteria as published by the SCs for all equipment assigned line item numbers and listed in Attachment B will be used to determine the materiel condition codes of displaced equipment.

**c. Maintenance Allocation Charts**

The SCs will publish maintenance allocation charts (MACs) for all nonmedical equipment assigned line item numbers and listed in Attachment B. The MACs will document what maintenance actions can be performed by direct, general, and depot-level maintenance activities.

**d. Asset Custody**

As discussed in paragraph 7a the SCs will expeditiously provide redistribution instructions to the LC after receipt of the asset reports described in paragraph 5f. The SCs will take custody of displaced assets not shipped directly to a gaining unit or its storage area. Serviceable assets will be applied against the aggregate requirement for displaced assets. Unserviceable assets requiring depot-level repair will be held by the SC until repaired or condemned.

**e. Repair and Packing Requirements**

The SCs will provide the necessary technical guidance to the LC and MTT regarding the repair and packing requirements for displaced equipment.

**f. MTT Assistance**

The SCs will provide the MTT with technical support and, as negotiated with the FC, personnel support.

**g. Depot-Level Repair**

The SCs will program and obtain depot-level repair of displaced equipment for those items beyond the maintenance capability of the LC. Equipment undergoing, or scheduled for, depot-level repair and "due-out" to a gaining unit will be reported by the SC's to the gaining unit, the GC, and the FC by monthly message.

#### **h. Inventory Accounting**

The SCs will perform the detailed inventory accounting necessary to support the FC during the materiel transfer process. Summary reports on this inventory accounting will be provided by the SCs as requested by the FC. This accounting will include, for each item listed in Attachment B:

- (1) Assets, by condition code within unit, reported available for transfer
- (2) Disposition of the displaced assets, including quantities transferred to each GC and gaining unit
- (3) Volume and cost data on depot-level repair actions
- (4) Requirements, by individual gaining unit, not filled or projected to be filled by transfer of displaced equipment.

## SCHEDULE AND UNIT PRIORITIES FOR EQUIPMENT TRANSFER

The fielding of DEPMEDS will cause the displacement and transfer of MUST equipment sets from the medical units receiving DEPMEDS. Listed below are the "losing units" that will transfer their MUST equipment and the corresponding "gaining units" that will receive the transferred equipment. The major command (MACOM) is listed for both losing and gaining units.

The gaining units are listed in descending priority order for materiel allocation planning. This means that assets displaced from a losing unit that are excess to the requirements of the corresponding unit will be allocated to the other gaining units in the priority order of the following list.

The "transfer dates" are the dates that the displaced equipment will be shipped from the losing units.

Losing unit	MACOM	Gaining unit	MACOM	Transfer date

**EQUIPMENT (EXCEPT OSE) TO BE DISPLACED BY DEPMEDS**

- 1. Equipment Under Cognizance of USAMMA**
  - a. Medical Equipment Sets**
  - b. Medical ASIOE**
- 2. Equipment Under Cognizance of TROSCOM**
- 3. Equipment Under Cognizance of TACOM**



## FORMAT FOR ASSET REPORTING BY LOSING UNITS

Assets Displace by DEPMEDS and Available for Transfer				
Unit: _____			Date: _____	
			MACOM: _____	
<b>I. Equipment Under Cognizance of USAMMA</b>				
Medical Equipment Sets				
LIN	NSN	Nomenclature	Quantity	Condition Code
Medical ASIOE				
LIN	NSN	Nomenclature	Quantity	Condition Code
<b>II. Equipment Under Cognizance of TROSCOM</b>				
LIN	NSN	Nomenclature	Quantity	Condition Code
<b>III. Equipment Under Cognizance of TACOM</b>				
LIN	NSN	Nomenclature	Quantity	Condition Code

## SCHEDULE FOR THE TRANSFER OF EQUIPMENT DISPLACED BY DEPMEDS

The tasks reflected in the following schedule are in accordance with the Materiel Transfer Plan (MTP) for the management of equipment displaced by the fielding of DEPMEDS. The schedule lists brief task names and the number of the applicable paragraph in the MTP. The "Lead" Command listed has the primary responsibility for performing the task. Certain tasks reflect an "Assist" Command(s). The schedule specifies "not-later-than" dates to complete the tasks. As in the MTP, responsibilities are assigned to the Fielding Command (FC), the Supporting Commands (SC), the Losing Command (LC), and the Gaining Command (GC). The Materiel Transfer Team (MTT) will assist the LC, GC, and FC as described in paragraph 4.e. of the MTP, but its responsibilities are not enumerated in this schedule.

MTP SCHEDULE

MTP para	Task	Lead	Assist	Days before transfer from LC	Days after receipt by GC
4.a.	Publish transfer schedule and priorities	FC		180	—
5.d.	Stop ordering shelf-life materiel for stock	LC		180	—
1.b.	Publish MTP	FC		160	—
1.d.	Finalize MTAs	FC	LC, GC	160	—
5.a.	Provide POCs	LC		150	—
6.a.	Provide POCs	GC		150	—
4.b.	Estimate aggregate equipment requirements	FC		140	—
4.d.	Coordinate depot-level maintenance funding	FC		120	—
4.e.	Assemble MTT	FC	SCs	120	—
6.c.	Designate staging facilities	GC		120	—
6.b.	Publish MSP	GC		120	—

**MTP SCHEDULE (Continued)**

MTP para	Task	Lead	Assist	Days before transfer from LC	Days after receipt by GC
7.c.	Publish nonmedical MACs	SCs		120	—
7.e.	Publish packing guidance	SCs		120	—
5.b.	Perform DS/GS repair of equipment	LC		90	—
5.c.	Replenish repair parts	LC		90	—
5.f.	Report assets	LC		75	—
5.g.	Provide staging facilities	LC		60	—
7.a.	Provide MMDs to LC	SCs		30	—
5.d.	Turn-in shelf-life stock	LC		30	—
5.e.	Survey losses	LC		30	—
5.i.	Pack equipment	LC		15	—
5.j.	Ship equipment	LC		0	—
5.k.	Report deficiencies	LC		0 (and monthly until resolved)	—
6.d.	Provide DET to gaining units	GC	SCs	—	10
6.e.	Update authorization documents	GC		—	10
6.g.	Complete supply and maintenance records	GC		—	10
MTA para 3.b.	Complete transfer assessment (DA Form 2410-R) mail copies to: Project Manager, DEPMEDS DASG-HCP Washington, DC 20310-2300 and Commander, USAMMA SGMMA-RMI Frederick, MD 21701	GC		—	30

**MATERIEL TRANSFER AGREEMENT  
BETWEEN  
THE OFFICE OF THE SURGEON GENERAL  
(THE FIELDING COMMAND),  
AND  
THE COMMANDER XXXXX  
(THE LOSING COMMAND)**

This Materiel Transfer Agreement (MTA) is made by, and between, the Office of the Surgeon General, or his designate representative, hereafter referred to as the Fielding Command (FC) and the Commander, XXXXX, or his designate representative, hereafter referred to as the Losing Command (LC).

**1. PURPOSE**

The purpose of this MTA is to establish the administrative and logistical support relationships between the FC and the LC relative to the Materiel Transfer Plan (MTP) in the redistribution of the Medical Unit, Self Contained, Transportable (MUST) equipment and Associated Support Items of Equipment (ASIOE). This redistribution of equipment is precipitated by the fielding of the Deployable Medical Systems (DEPMEDS).

**2. POLICY**

It is the policy of the FC and the LC to assure maximum cooperation in the lending of support described herein and to adhere to those policies established in the MTP. Both parties will keep the PM DEPMEDS apprised of all significant events resulting from, or affecting, this agreement or the events cited herein.

**3. GENERAL**

**a. FC Responsibilities**

(1) Determine the Medical Equipment Sets (MESs) and medical and nonmedical ASIOE that will be included in the materiel transfer process.

(2) Publish a time-phase, unit-by-unit list to prioritize and schedule the transfer of displaced equipment.

(3) Evaluate asset data provided by the LC and provide the disposition instructions for equipment identified for transfer.

(4) Negotiate maintenance priorities and schedules with each supporting command (SC).

(5) Coordinate materiel allocations for new unit activations and unit equipment allocations as outline in the MTP.

(6) Establish a Materiel Transfer Team (MTT) to provide on-site assistance to the LC during the materiel transfer process.

**b. LC Responsibilities**

(1) Provide the FC and the SCs with a point-of-contact authorized to act for the Command in all matters related to the materiel transfer.

(2) Provide instructions to the losing units for reporting C-5 readiness rating in accordance with AR 220-1 for the period of the materiel transfer process.

(3) Determine equipment condition codes in accordance with appropriate equipment serviceability criteria. MES will be evaluated in accordance with the criteria established by USAMMA.

(4) Repair, or arrange for the repair, of equipment (in accordance with appropriate maintenance allocation charts and/or maintenance support plans) to the required condition code no later than 90 days before equipment displacement.

(5) Provide the FC and the SCs with a list of assets and their condition codes and depot maintenance requirements 75 days prior to the scheduled equipment displacement date.

(6) Reconcile and replace all components and supplies (with the exception of items with a shelf-life less than 5 years) to include applicable Basic Issue Items (BII), to the required on-hand quantities as prescribed in applicable technical manuals and unit assemblages.

(7) Transfer 100 percent of applicable BII, special tools and test equipment, and test measurement and diagnostic equipment that are specific to the equipment or displaced MESSs.

(8) Fund replacement of missing supplies and components (with the exception of items with a shelf-life less than 5 years) for MES and ASIOE. Fund organization, direct, and general support maintenance.

(9) Transfer 100 percent of applicable technical manuals, publications, and maintenance records.

(10) Transfer MUST-peculiar repair parts.

(11) Provide administrative, logistical, and personnel support to the MTT. Support includes billeting, office space, class A phone lines, office equipment and supplies.

(12) Provide MOS qualified personnel and supervisors to assist in the materiel transfer process upon request of the MTT.

(13) Provide facility support for the inventory and technical inspection as required by the MTT.

(14) Pack and prepare equipment for transportation in accordance with the SCs instructions.

(15) Survey supply, equipment, and damage losses in accordance with AR 735-11.

(16) Transfer all equipment assets as directed by the SCs. Fund transportation of the displaced equipment.

(17) Assist in finalizing the MTP and MTA. Establish internal procedures for implementing the MTP and MTA.

#### **4. IMPLEMENTATION**

This MTA becomes effective upon signature of both parties and will remain in effect through completion of the materiel fielding process unless terminated earlier by mutual consent. This agreement may be amended at any time by mutual consent. In order to ensure proper coordination and complete understanding, the FC will negotiate a separate agreement with each gaining command.

---

LC

date

FC

date

**MATERIEL TRANSFER AGREEMENT  
BETWEEN  
THE OFFICE OF THE SURGEON GENERAL  
(THE FIELDING COMMAND)  
AND  
THE COMMANDER XXXXX  
(THE GAINING COMMAND)**

This Materiel Transfer Agreement (MTA) is made by, and between, the Office of the Surgeon General, or his designate representative, hereafter referred to as the Fielding Command (FC) and the Commander, XXXXX, or his designate representative, hereafter referred to as the Gaining Command (GC).

**1. PURPOSE**

The purpose of this MTA is to establish the administrative and logistical support relationships between the FC and the GC relative to the Materiel Transfer Plan (MTP) in the redistribution of the Medical Unit, Self-Contained, Transportable (MUST) equipment and Associated Support Items of Equipment (ASIOE). This redistribution of equipment is precipitated by the fielding of the Deployable Medical Systems (DEPMEDS).

**2. POLICY**

It is the policy of the FC and the GC to assure maximum cooperation in the lending of support described herein and to adhere to those policies established in the MTP. Both parties will keep the PM DEPMEDS apprised of all significant events resulting from, or affecting, this agreement or the events cited herein.

**3. GENERAL**

**a. FC Responsibilities**

(1) Determine the Medical Equipment Sets (MESs) and medical and nonmedical ASIOE that will be included in the materiel transfer process.

(2) Publish a time-phase, unit-by-unit list to prioritize and schedule the transfer of displaced equipment.

(3) Evaluate asset data provided by the GC and provide the disposition instructions for equipment identified for transfer.

(4) Negotiate maintenance priorities and schedules with each supporting command (SC).

(5) Coordinate materiel allocations for new unit activations and unit equipment allocations as outline in the MTP.

(6) Establish a Materiel Transfer Team (MTT) to provide on-site assistance to the GC during the materiel transfer process.

**b. GC Responsibilities**

(1) Coordinate equipment delivery date with gaining units.

(2) Provide FC and SCs with a point-of-contact authorized to act for the Command in all matters related to the materiel transfer.

(3) Provide instructions to the gaining units for reporting a C-5 readiness rating in accordance with AR 220-1 for the period of the materiel transfer process.

(4) Provide the FC a list of assets 72 hours after receipt of transferred equipment.

(5) Apply standard supply and maintenance support procedures after receipt of transferred equipment. Assume full responsibility for the replenishment requisitioning of ASL/PLL.

(6) Perform necessary advanced planning for receipt of equipment.

(7) Provide detailed information on the planned operation and support of equipment. Provide a Mission Support Plan (MSP) in accordance with the MTP. Ensure the MSP reflects the proposed BOIP which identifies the TOE/TDA unit to receive transferred equipment.

(8) Participate in materiel systems evaluation, such as fielded system reviews and the submission of the DA Form 2410-R. Provide input to the FC for ILS lessons learned relating to materiel release, fielding, and transfer.

(9) Conduct Displaced Equipment Training (DET) and provide personnel, facilities, and support for the DET team.

(10) Prepare and update authorization documents for gaining units.



(11) Provide administrative, logistical, and personnel support to the MTT. Support includes billeting, office space, class A phone lines, office equipment and supplies.

(12) Provide MOS qualified personnel with appropriate supervision upon request of the MTT.

(13) Provide facility support for the inventory and technical inspection as required by the MTT.

(14) Survey in-transit shortage and damage losses in accordance with AR 735-11.

(15) Receive all equipment assets as directed by the FC.

(16) Provide temporary storage facilities for excess equipment displaced by MUST equipment and ASIOE.

(17) Assist in finalizing the MTP and MTA. Establish internal procedures for implementing the MTP and MTA.

#### **4. IMPLEMENTATION**

This MTA becomes effective upon signature of both parties and will remain in effect through completion of the materiel fielding process unless terminated earlier by mutual consent. This agreement may be amended at any time by mutual consent. In order to ensure proper coordination and complete understanding, the FC will negotiate a separate agreement with each gaining command.

---

GC

date

FC

date

**APPENDIX C**  
**GLOSSARY OF ACRONYMS AND ABBREVIATIONS**

**APPENDIX C**  
**GLOSSARY OF ACRONYMS AND ABBREVIATIONS**

<b>AHS</b>	- Academy of Health Sciences
<b>AMC</b>	- U.S. Army Materiel Command
<b>AR</b>	- Army Regulation
<b>ASIOE</b>	- Associated Support Items of Equipment
<b>Btu</b>	- British Thermal Unit
<b>CONUS</b>	- Continental United States
<b>CSH</b>	- Combat Support Hospital
<b>DCSLOG</b>	- Deputy Chief of Staff for Logistics
<b>DDOU</b>	- Defense Depot Ogden, Utah
<b>DEPMEDS</b>	- Deployable Medical Systems
<b>DLA</b>	- Defense Logistics Agency
<b>DMSB</b>	- Defense Medical Standardization Board
<b>DPSC</b>	- Defense Personnel Support Center
<b>ECS</b>	- Equipment Concentration Site
<b>ERC</b>	- Equipment Readiness Code
<b>EVAC</b>	- Evacuation Hospital
<b>FC</b>	- Fielding Command
<b>FORSCOM</b>	- U.S. Army Forces Command
<b>FUE</b>	- First Unit Equipped
<b>GC</b>	- Gaining Command
<b>GEN</b>	- General Hospital

<b>ILS</b>	- Integrated Logistics Support
<b>IMF</b>	- Issues Management File
<b>IPR</b>	- In-Process Review
<b>LC</b>	- Losing Command
<b>LIN</b>	- Line Item Number
<b>MACOM</b>	- Major Command
<b>MASH</b>	- Mobile Army Surgical Hospital
<b>MEET</b>	- Minimum Essential Equipment for Training
<b>MES</b>	- Medical Equipment Set
<b>MFP</b>	- Materiel Fielding Plan
<b>MMS</b>	- Medical Materiel Set
<b>MOU</b>	- Memorandum of Understanding
<b>MTA</b>	- Materiel Transfer Agreement
<b>MTMC</b>	- Military Traffic Management Command
<b>MTP</b>	- Materiel Transfer Plan
<b>MTT</b>	- Materiel Transfer Team
<b>MUST</b>	- Medical Unit, Self-Contained, Transportable
<b>NGB</b>	- National Guard Bureau
<b>OCAR</b>	- Office of the Chief, Army Reserves
<b>OSE</b>	- Other Support Equipment
<b>PDIP</b>	- Program Development Increment Package
<b>PM</b>	- Project Manager
<b>POC</b>	- Point of Contact
<b>POM</b>	- Program Objective Memorandum
<b>POMCUS</b>	- Prepositioned Materiel Configured to Unit Pack
<b>PRI</b>	- Priority
<b>PRIMOB</b>	- Primary Mobilization

<b>RAM</b>	- Reliability, Availability, Maintainability
<b>RMTC</b>	- Regional Medical Training Center
<b>SC</b>	- Supporting Command
<b>SMF</b>	- Schedule Management File
<b>STA(300)</b>	- 300-Bed Station Hospital
<b>STA(500)</b>	- 500-Bed Station Hospital
<b>TACOM</b>	- U.S. Army Tank-Automotive Command
<b>TECOM</b>	- U.S. Army Test and Evaluation Command
<b>TEMPER</b>	- Tent, Extendable, Modular, Personnel
<b>TMDE</b>	- Test, Measurement, and Diagnostic Equipment
<b>TO&amp;E</b>	- Table of Organization and Equipment
<b>TPF</b>	- Total Package Fielding
<b>TROSCOM</b>	- U.S. Army Troop Support Command
<b>USAMMA</b>	- U.S. Army Medical Materiel Agency
<b>USAREUR</b>	- U.S. Army Europe

UNCLASSIFIED

SECURITY CLASSIFICATION OF THIS PAGE

## REPORT DOCUMENTATION PAGE

1a. REPORT SECURITY CLASSIFICATION Unclassified		1b. RESTRICTIVE MARKINGS	
2a. SECURITY CLASSIFICATION AUTHORITY		3. DISTRIBUTION / AVAILABILITY OF REPORT "A" Approved for public release; distribution unlimited.	
2b. DECLASSIFICATION / DOWNGRADING SCHEDULE			
4. PERFORMING ORGANIZATION REPORT NUMBER(S) LMI-AR602R1		5. MONITORING ORGANIZATION REPORT NUMBER(S)	
6a. NAME OF PERFORMING ORGANIZATION Logistics Management Institute	6b. OFFICE SYMBOL (if applicable)	7a. NAME OF MONITORING ORGANIZATION	
6c. ADDRESS (City, State, and ZIP Code) 6400 Goldsboro Road Bethesda, Maryland 20817-5886		7b. ADDRESS (City, State, and ZIP Code)	
8a. NAME OF FUNDING / SPONSORING ORGANIZATION HQDA, OTSG	8b. OFFICE SYMBOL (if applicable) DASG-ZA	9. PROCUREMENT INSTRUMENT IDENTIFICATION NUMBER MDA903-85-C-0139	
8c. ADDRESS (City, State, and ZIP Code) 5 Skyline Place, Room 638 5111 Leesburg Pike Alexandria, VA 22041		10. SOURCE OF FUNDING NUMBERS	
		PROGRAM ELEMENT NO	PROJECT NO
11. TITLE (Include Security Classification) Improving The Army's Field Medical Treatment Capability (Volume I)			
12. PERSONAL AUTHOR(S) Will Horn, Doug Brown, Jeff Colaianni, Ken Lindstrom, George Slyman			
13a. TYPE OF REPORT Final	13b. TIME COVERED FROM _____ TO _____	14. DATE OF REPORT (Year, Month, Day) April 1987	15. PAGE COUNT 70
16. SUPPLEMENTARY NOTATION			
17. COSATI CODES		18. SUBJECT TERMS (Continue on reverse if necessary and identify by block number) Deployable Medical Systems, DEPMEDS, Field Medical Systems, Medical Project Management, Project Management Control System, Materiel Transfer Plans	
FIELD	GROUP		
19. ABSTRACT (Continue on reverse if necessary and identify by block number)  DoD's Deployable Medical Systems (DEPMEDS) project is designed to improve the capabilities of the Military Services for treating troops in field hospitals. To plan and manage the Army's part of the DEPMEDS effort, the Secretary of the Army appointed a DEPMEDS Project Manager (PM).  Our report presents the PM's Control Plan and is in two volumes. Volume I provides a current assessment of the project's status and identifies critical issues such as the availability of support equipment and planning for follow-on supply support, that affect fielding the first DEPMEDS hospital as well as those following in the early part of the fielding schedule. Volume I also describes the requirements for management of displaced equipment, a Materiel Transfer Plan, and the actions required of the PM after the first unit receives DEPMEDS equipment. While continuing to field DEPMEDS hospitals, the other actions required of the PM include:  • Controlling the replacement of substitute items fielded with the early hospitals. • Integrating the experience from fielding each additional hospital into subsequent fielding plans.			
20. DISTRIBUTION / AVAILABILITY OF ABSTRACT <input checked="" type="checkbox"/> UNCLASSIFIED/UNLIMITED <input type="checkbox"/> SAME AS RPT <input type="checkbox"/> DTIC USERS		21. ABSTRACT SECURITY CLASSIFICATION	
22a. NAME OF RESPONSIBLE INDIVIDUAL		22b. TELEPHONE (Include Area Code)	22c. OFFICE SYMBOL

UNCLASSIFIED

SECURITY CLASSIFICATION OF THIS PAGE

19. ABSTRACTS (Continued)

- ✦ Raising DEPMEDS-equipped hospital units to authorized levels of DEPMEDS medical and non-medical support equipment.
- ✦ Controlling changes to the components of the standardized medical materiel sets and quantities of equipment for the DEPMEDS-equipped units to stabilize readiness condition evaluation standards.

Volume II contains the initial assessment (June 1986) of the DEPMEDS project's status and descriptions of the automated project control support system developed for the PM. —

UNCLASSIFIED

SECURITY CLASSIFICATION OF THIS PAGE